

OFFICE OF SECRETARY OF STATE CORPORATIONS DIVISION

Suite 315, West Tower, 2 Martin Luther King Jr., Drive Atlanta, Georgia 30334-1530 (404) 656-2861

Trademark Search and Status Information on the Internet http://www.sos.state.ga.us/corporations/marksearch.htm

APPLICATION FOR REGISTRATION TRADEMARK OR SERVICE MARK

DO NOT WRITE IN SHADED AREA - SOS USE ONLY

DOCK	ET#	REGISTRATION #		MARK VERIFICATION				
DOC		DATE FILED		AMOUNT RECEIVED		CHECK/ RECEIPT #		
NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM.								
	npliance with the requirem ses provided in the Code Cing:							
_	Name of Applicant							
2								
	Principal Business Address	S			City	State	Zip Code	
3.	If applicant is a corporation	n, please indicate the s	tate of incorporation	:				
4. - -	Describe the mark. The de	escription you provide i	is the way the mark	will be registered. (See	General instructio	ns) (Attach additional	sheet if necessary)	
5. -	(A) If a trademark, what go	oods are offered or solo	d under the mark? C	DR (B) If a service mark	, what services are	provided under the	mark?	
6.	class No: (A separate application must be filed for each class in which a registration of the mark is sought.)							
7.	Date of first use of the mark by applicant, predecessor, or licensee. (Give Month, Day and Year)							
	(A) a	anywhere:		(B) In Georg	ia:			
	The applicant is the owner such mark in this State eith							
Signature of Applicant				Print Name				
Off	cial Title (If signing for a co	prporation)		Phone	e Number			
Mail (1) 2) 3)	2) Three (3) specimens of the mark as currently used. (May be 3 samples of the same specimen. If Trademark, should be actual label or part on product. If Service mark, should be advertising such as newspaper ad, brochure, etc. depicting the service rendered.)						bel or packaging used	
	Sworn to and subscribed be	efore me this		19,				
	NOTE DV PYDY		My Commission	Expires				
	NOTARY PUBL	LIC					FORM TMAPPL	